## <u>Indiana State Police Methamphetamine Laboratory Occurrence Report</u> This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>04/16/2010</u>	Address:	<u>4225 S. PVT.</u>
Case #:	<u>42-30427</u>		<u>RD. 375 E.</u>
County:	JENNINGS		NORTH VERNON, IN.
Type of Laboratory Scizure (check one)  ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel  Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
☐ Flammable Solvents: IN GARAGE			
₩ Water Reactive Metal (Lithium): <u>IN GARAGE</u>			
Anhydrous Ammonia: IN OUTBUILDING IN TANK			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: IN GARAGE			
Corrosive Basc:			
Other (item and location):			
Child under age 18 discovered (check one)  ☐ Yes (number present)  ☐ No  *If yes, fax report to Child Protective Services		Investigative Information  Ephedrine/Pseudoephedrine Tracking Log  Retail/Merchant Tip  Other:	
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	tment: VERNON FIRE	Fax: <u>812-346-9261</u> Fax: 812-352-3030	
Health Department: <u>JENNINGS</u> CO.		Fax: <u>812-3</u> Fax: N/A	552-3030
Child Prote	ection Service: <u>N/A</u>	_	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- \*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.